

MASSACHUSETTS DEPARTMENT OF ENVIRONMENTAL PROTECTION
DRINKING WATER PROGRAM

**LEAD AND COPPER SAMPLING PLAN
CHANGE IN SAMPLING SITE**

*Please fill out and submit one form for each sample site location you are changing.
Please type or print clearly using black ink.*

PWS ID #: _____ PWS Name: _____ City/Town: _____
PWS Address: _____
Telephone #: (____) _____ Population: _____ Samples required: _____

Original Sample Site Tier	Primary or Alternative sample site (P or A)?	Original site address	New Sample Site Tier	New site address	Distance between sites (Approximately)

Reason for change (attach additional pages if necessary):

My signature below indicates that I have complied with 310 CMR 22.06B(7). I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Signature of authorized public water system party: _____ Date: ____/____/____

Name of authorized party (*PRINT*): _____ Title: _____

Fax #: (____) _____ Mobile/cell #: (____) _____ Email Address: _____

This form is available at the DEP website at www.state.ma.us/dep/brp/dws/dwsforms.htm#quality.

For DEP/DWP use:

DWP/LC/Sampling plan/change in sampling location/3/4/2004